

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 22 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



10072004 REIN-P CR2E098 (6/04)

DOCUMENT 002 000053162		
1. Entity Name <b>De la TIERRA EXPORT, INC</b>		
Principal Place of Business <b>585 SE 9TH AVE Hialeah, FL 33010</b>		Mailing Address <b>585 SE 9TH AVE Hialeah, FL 33010</b>
2. Principal Place of Business <b>585 SE 9TH AVE</b>		3. Mailing Address <b>585 SE 9TH AVE</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Hialeah FL</b>		City & State <b>Hialeah FL</b>
Zip <b>33010</b>	Country <b>USA</b>	Zip <b>33010</b> Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>CYNARA ORTEGA 5860 SW 8 ST / STE 1 Miami, FL 33144</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cynara Ortega 11/16/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VP</b> <b>Cynara Ortega</b> <b>585 SE 9TH AVENUE</b> <b>HIALEAH - FLORIDA - 33010</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>900043220479</b> <b>12/06/04--01069--003 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynara Ortega 11/16/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #